

11-1
25-2
MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/018708** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	2		1			
4	2		2			
5	1		1			
6	1		1			
7	1		1			
8	2		1			
9	2		1			
10	2		2			
11	2		2			
12	1		2			
13	1		2			
14	1		1			
15	1		1			
16	2		2			
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20	2		2			
21	2		3			
22	2		2			
23	2		3			
24	2		2			
25	2		2			
26	2		2			
27	2		2			
28	2		2			
29	2		2			
30	1		1			
31	1		1			
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TOTAL IND.			6			
TOTAL DEP.			51			
TOTAL CLAIMS			57			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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